

No. <b>C 39069</b>		<b>Due no later than Dec 31, 2008</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ALCOHOLIC REHABILITATION ASSOCIATION, INC. JOHN W GASKILL 163 EAST ELVA IDAHO FALLS ID 83402		JOHN W GASKILL 163 EAST ELVA STREET IDAHO FALLS ID 83402			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BOB MR POULSEN	PO BOX 50225	IDAHO FALLS	ID	USA	83405	
DIRECTOR	JOHN MR DAVIS	422 N 4200 E	RIGBY	ID	USA	83442	
DIRECTOR	MAXINE ANDERSON	230 W 2ND SOUTH ST	RIGBY	ID	USA	83442	
DIRECTOR	GEORGE PETERSON	485 E STREET	IDAHO FALLS	ID	USA	83402	
DIRECTOR	FORDE JOHNSON	PO BOX 51390	IDAHO FALLS	ID	USA	83405	
DIRECTOR	JOHN GASKILL	495 TENDOY	IDAHO FALLS	ID	USA	83401-4135	
SECRETARY	CONNIE CARLSON	877 FLORA CIRCLE	IDAHO FALLS	ID	USA	83401-4135	
PRESIDENT	DOYLE OTTESON	3989 N 5000 E	SUPAR CITY	ID	USA	83448-4135	
5. Organized Under the Laws of:  <b>ID C 39069</b>		6. Annual Report must be signed.*  Signature: John Gaskill Name (type or print): John Gaskill					
		Date: 12/04/2008 Title: Executive Director					
Processed 12/04/2008      * Electronically provided signatures are accepted as original signatures.							